

**CITY OF AURORA
WARD 5 RESIDENTIAL AND NONPROFIT
GRANT APPLICATION**

Date of Application _____ Amount Applied For _____

Resident Name _____

Non Profit Name _____

Address _____

Contact Name _____ Phone Number _____

Social Security Number _____

FEIN Number _____

Signature for Fed. ID # _____

Description of work to be done (attach separate sheet if necessary, (include before picture) _____

Contractor Selected to do work _____

The following required documents are attached to my application:

- Evidence of Competitive Pricing ___Yes ___No
- Evidence of **Prevailing Wage***** ___Yes ___No
- Applicable Permits (Issued/Applied) ___Yes ___No
- Lien Waiver (Material/Labor) ___Yes ___No Low Bid \$ _____

Time Frame of work to be done _____

***Quotes **must** be obtained from contractors that pay prevailing wage. For more information see:
<https://www.illinois.gov/idol/Laws-Rules/CONMED/Pages/Rates.aspx>

I hereby swear that the information contained in this application is true and correct. I understand that it is MY responsibility to pay the Contractor in full. I also understand that failure to strictly comply with the grant requirements or providing false information on this application may result in being denied reimbursement.

Name of Applicant

Signature of Applicant

Failure to complete and comply with requested application information above, may result in non-reimbursement

Office Use Only

Review Date _____ Work Completed _____
(Date)

3 Bids obtained Yes___ No ___

Signature of Committee Member _____ Approved for payment on _____

Checklist Completed Yes ___ No___ Date _____

Committee Recommended Approval Yes ___ No ___

Ward Alderman Signature _____ Date _____